(Re	questor's Name)	
(Add	dress)	
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, (Cit	(C)-1-17:-17:-17	
(CIT	y/State/Zip/Phone #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Name)	
`		
(Co	cument Number)	
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Certified Copies	_ Certificates of	f Status
Special Instructions to	Filina Officer:	
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Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	LASER PAIN REC	TIEF SARASOTA LL	
Sobster.		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	BRUC	E DAY	
		Name of Person	
		Firm/Company	
	1200	S. VIEW OR.	
		Address SOTA FU 34242 City/State and Zip Code	
	E-mail address: (t	to be used for future annual report notifi	cation)
For further information of	concerning this matter, please ca	all:	
ANDREW C	LAPK of Person	at (941) 36 Area Code Daytime	6-80/0 Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tailahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	N RELIEF SARASOTA	
(Name of the Limited I (A I	iability Company as it now appears on lorida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liabi Florida document number <u>L/400097</u>		and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, <u>enter the new name of th</u> DE DAY LLC	e limited liability company here:	
The new name must be distinguishable and contain the words		
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A	e: /200 (DDDESS) SAM	S. VIEW DR. PASOTA FL 34242
Trincipal office address Prost DE A STREET A		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	/200 SAR	S. VIEW DR. = ASOTA FL34842
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on ou address here:	r records, enter the name of the new
Name of New Registered Agent:	59m	> -
New Registered Office Address:	S 9 m.e.	
	zmer rumua:	
-	City	, Florida
	•	4

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

N/A

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
NA	NIA	Same	Add
			Remove
			□ Change
			Add
			Remove
			☐ Change
			□ Add
			A Remove
			JAN Change JAN Change Property
			□ Remove
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NONE	
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	FLERIDA FLERIDA
ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more.	than 90 days after filing) Pursuant to 605 020
ote: If the date inserted in this block does not meet the applicable statutory filing re	
ocument's effective date on the Department of State's records.	
e record specifies a delayed effective date, but not an effective time	e, at 12:01 a.m. on the earlier o
The 90th day after the record is filed.	
pated Decompter 29 2017	
Signature of a member or authorized representative of a	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00